

Business Assistance Project
Self –Certification of Income for Norfolk CDBG Funding Activity

Page 1 to be filled out by Applicant/ Employee

Status:	<input type="checkbox"/> Job Applicant	<input type="checkbox"/> Current Employee (Retention)
Business Name:		
Business Physical Address:		

Part I: Confidential Job Applicant/ Employee HUD Demographic Data

Ethnicity (Select One)	<input checked="" type="checkbox"/> Not Hispanic	<input type="checkbox"/> Hispanic
Race (Select one that applies)		
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/ Alaskan Native & White	
<input type="checkbox"/> Black/ African American	<input type="checkbox"/> Asian & White	
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/ African American & White	
<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> American Indian/ Alaskan & Black/ African	
<input type="checkbox"/> Native Hawaiian/ Other Pacific Isl.	<input type="checkbox"/> Other Multi-Racial	
Other Demographic Data (Select each that applies)		
<input type="checkbox"/> Female of Household	<input type="checkbox"/> Single/ Non Elderly	
<input type="checkbox"/> Participant Disable	<input type="checkbox"/> Related/ Single Parent	
<input type="checkbox"/> Veteran	<input type="checkbox"/> Related/ Two Parent	
<input type="checkbox"/> Elderly	<input type="checkbox"/> Other	
<input type="checkbox"/> Unemployed prior to Employment		

Part II: Confidential Job Applicant/ Employee Income Certification
(Certification process may not be administered by business receiving CDBG funds.)

My total family size consists of ____ household members, including ____ parent(s), and ____ child(ren), and the total gross annual income* for all adult members is \$ ____.

**Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc., but does not include the income of live-in aids, per 24 CFR 5.403).*

I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal and State funds, which may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification by state or federal personnel as part of compliance monitoring.

Job Applicant/ Employee Signature: _____

Date: _____

Applicant/ Employee Name (Print): _____

Job Applicant/ Employee Physical Home Address:

City: _____ Zip Code _____

CDBG Business Assistance Project Verification by Norfolk for CDBG Funded Activity

*Page 2 to be filled out by Program Operator***Project Information:**Business Name: [Click here to enter text.](#)Job Applicant/ Employee Name: [Click here to enter text.](#)Public Benefit Type: ☐ Job Creation ☐ Job RetentionProject Funded by: ☐ Grant Number [Click here to enter text.](#) OR –☐ PI Fiscal Year: [Click here to enter text.](#)

Business and Job Applicant/ Employee Location Verification:

Business Physical Address: [Click here to enter text.](#)☐ In Jurisdiction LimitsJob Applicant/ Employee Physical Home Address: [Click here to enter text.](#)☐ In Jurisdiction Limits***NOTE: Business must be located in Jurisdiction. Significant number of Job Applicants should reside in Jurisdiction (does not apply to retention).***

Job Applicant/ Employee Income Verification:

Effective Date of the Income Limit Chart being used: [Click here to enter text.](#)**Family is:**☐ 30% or less (Extremely Low Income)☐ 31% - 50% (Low Income)☐ 51% - 80% (Moderate Income)☐ Over 80% of median income: NOT ELIGIBLE AS LOW/ MOD JOB**Program Operator must:**

1. Complete confidential demographic data on cert. form if applicant/ employee leaves blank.
2. Complete business project information and business & applicant/ employee location verification.
3. Complete the applicant/ employee income verification by: Print the current HUD income limits provided for the fiscal year and Circle the applicable family size and annual income on the income limit printout, and include a copy of the circled printout with these certification form.

Program Operator Certification: I certify that Applicant/ Employee demographic data provided is true and correct, to the best of my knowledge. I certify that, using the current annual income publication compared to stated family size and gross income, the income level indicated above is true and correct. I certify that residency of the Applicant/ Employee and the business address is true and correct per the requirements of 24 CFR 570.486(b) and/or (c) as applicable.

Note: This completed certification, whether Job Applicant/ Employee benefited (was hired) or not, must be maintained in the Confidential Project file for review at time of monitoring. Certification

Program Operator Name (print)	Job Title
Program Operator Name (signature)	Date: